

RESPONSIBLE PARTY LINE THERAPIST INVOICE

Responsible Party Name _____

Address _____

Telephone Number _____

As the Responsible Party acting on behalf of _____, I requested that the appropriate agencies (SLED and DSS) conduct a background check on _____ who is being considered for a Line Therapist position. Per my request, the aforementioned agencies have completed the background check and there are no deficiencies that would prohibit _____ from being employed as a Line Therapist. I am submitting this invoice for reimbursement of the cost incurred for the background check. I understand that I must submit receipts with this form and, that I will be reimbursed for the actual cost of these services, but my reimbursement will not exceed \$50.00.

Description	Cost
SLED Report	
DSS Child Abuse & Neglect Central Registry	
Total Reimbursement	

Note: This form and required documentation should be sent to:

Colleen Walker
Jasper County Board of Disabilities and Special Needs
P.O. Box 747
Ridgeland, SC 29936

Responsible Party Signature

Date